

**BEFORE THE  
PHYSICIAN ASSISTANT BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement )  
of: )

**LARISSA JEAN POLES** )

**Case No. 950-2020-002805**

**OAH Case No. 2021090830**

\_\_\_\_\_  
Petitioner. )

**ORDER CORRECTING NUNC PRO TUNC  
CLERICAL ERRORS IN "LEGAL CONCLUSIONS" AND "IT IS SO ORDERED"  
DATE OF DECISION AFTER REJECTION**

On its own motion, the Physician Assistant Board (hereafter "Board") finds that there are clerical errors in the "Legal conclusions" and "It is so ordered" date portions of the Decision After Rejection in the above-entitled matter and that such clerical errors should be corrected.

IT IS HEREBY ORDERED that the the legal conclusions on page 19 and the ordered date contained on page 41 of the Decision After Rejection in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read:

- "a total restriction on prescribing of controlled substances for the first three years of probation,"
- "It is so ordered this 19<sup>th</sup> day of May, 2022."

IT IS SO ORDERED June 14, 2022.

**PHYSICIAN ASSISTANT BOARD**

By:   
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Juan Armenta, President

**BEFORE THE  
PHYSICIAN ASSISTANT BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition for Reinstatement of:**

**LARISSA JEAN POLES, Petitioner**

**Case No.950-2020-002805**

**OAH No. 2021090830**

**DECISION AFTER REJECTION**

Adam L. Berg, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on December 20, 2021.

David M. Balfour, Attorney at Law, represented petitioner, Larissa Jean Poles.

Karolyn M. Westfall, Deputy Attorney General, represented the Office of the Attorney General, State of California, as authorized by Government Code section 11522.

The matter was submitted on December 20, 2021.

The Proposed Decision of the Administrative Law Judge was submitted to the Board on January 7, 2022. The Board formally considered the Proposed Decision at its meeting on February 7, 2022, where, after due consideration, it declined to adopt the Proposed Decision. Thereafter, the Board issued an Order of Rejection of Proposed

Decision, dated February 15, 2022, ordered the hearing transcript, notified the parties of their opportunity to submit written argument, and fixed the date for submission of written argument on April 15, 2022.

Written argument has been filed by the Attorney General, and the time for filing written argument in this matter having expired, and the entire record, including the transcript of the hearing having been read and considered, the Board hereby makes the following decision pursuant to Government Code Section 11517:

## **FACTUAL FINDINGS**

### **Background**

1. On December 10, 2008, the Physician Assistant Board of California (board) issued Physician Assistant License No. PA 20111 to petitioner.

2. On April 27, 2017, the board's executive officer filed an accusation against petitioner alleging nine causes for discipline as follows: self-prescribing or administering a controlled substance; use of a drug in a manner dangerous to herself or others; violation of state laws relating to dangerous drugs and/or controlled substances; dishonesty or corruption; false representation; creation of false medical records with fraudulent intent; conviction of a substantially related offense; furnishing drugs without an examination; and failure to maintain adequate records. Complainant also alleged petitioner's ability to practice was impaired due to physical/mental illness affecting competency. The factual allegations in support of the causes for discipline are summarized as follows:

Between March 10, 2010, and February 19, 2016, petitioner was employed as a physician assistant (PA) at US Healthworks in Escondido. From 2013 to 2015, petitioner wrote numerous controlled substance prescriptions for a medical assistant employed at US Healthworks without creating any medical records. All the prescriptions written for alprazolam<sup>1</sup> were intended for petitioner's own use.

Petitioner wrote numerous prescriptions in the name of the husband of another PA working at US Healthworks. This individual was not petitioner's patient, petitioner did not create any medical records for this individual, and all the prescriptions written for alprazolam were intended for petitioner's own use.

Between 2014 and 2015, petitioner wrote numerous controlled substance prescriptions for her neighbor. All the prescriptions written for alprazolam were for petitioner's own use.

In 2014 and 2015, petitioner wrote prescriptions for alprazolam in the name of her husband, who was not petitioner's patient. All the prescriptions were intended for her own use.

Between 2014 and 2016, petitioner took between 2 mg and 10 mg of alprazolam every other day, including days she worked at US Healthworks. She was never prescribed alprazolam by a treating physician.

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<sup>1</sup> Alprazolam, marketed under the trade name Xanax, is a benzodiazepine used to treat anxiety and panic disorders. It is a Schedule IV controlled substance and a dangerous drug. (Health & Saf., Code, § 11507, subd. (d); Bus. & Prof. Code, 4022.)

On January 17, 2016, petitioner was arrested on suspicion of driving under the influence of drugs. A blood sample obtained from petitioner tested positive for alprazolam. Petitioner was subsequently convicted of this offense on May 31, 2016. The court placed her on probation for five years.

In February 2016, petitioner reported her arrest to the board. She admitted to taking a syringe containing lidocaine from US Healthworks. The same month, a patient reported to petitioner's supervising physician that petitioner was acting if she had "taken something." Petitioner left work and never returned.

On February 19, 2016, petitioner sought treatment from her treating psychiatrist. After petitioner expressed suicidal thoughts, her psychiatrist contacted law enforcement who transported petitioner to a psychiatric hospital where she was treated for seven days under a Welfare and Institutions section 5150 hold (5150 hold).

On April 13, 2016, petitioner self-referred to the board's diversion program, operated by Maximus. During her intake, petitioner admitted to using and abusing alprazolam since the age of 14. Petitioner was accepted into the program, which included a restriction from practice, drug testing, check-ins with a case manager, and participation in group therapy and 12-step meetings.

On May 18, 2016, law enforcement was called to petitioner's home, and police took her to a hospital under a 5150 hold, where she remained for three days.

On May 23, 2016, law enforcement was again called to petitioner's home, after which she was again hospitalized under a 5150 hold for three days.

On June 10, 2016, the Maximus program terminated petitioner from the program and determined her to be a "public risk" due to her noncompliance with the program.

After reviewing records at the request of the board, psychiatrist Markham Kirsten, M.D., determined that petitioner's long-standing alprazolam addiction had spun out of control, and she suffered from a severe use disorder that prevented her from practicing safely.

On July 17, 2016, law enforcement took petitioner to a hospital for treatment under a 5150 hold. Petitioner was treated and released, but on July 21, 2016, petitioner's husband took her to a hospital where she was placed under a 5150 hold, treated, and released.

On January 18, 2017, petitioner was interviewed by an investigator from the Department of Consumer Affairs' Division of Investigations. During the interview, petitioner admitted to taking alprazolam that had not been prescribed to her for an extended period of time, which put her in an "amnesia type state," that caused her to be irrational and illogical, with what she described as "Xanax psychosis." A review of petitioner's prescribing history through the Controlled Substances Utilization Review and Evaluation System (CURES) showed from 2013 to 2015, petitioner prescribed alprazolam to 14 patients. During her interview, petitioner admitted that all these prescriptions were for her own use.

3. In a Stipulated Surrender of License and Disciplinary Order effective August 9, 2017, petitioner admitted the truth of very allegation in the accusation and agreed to surrender her PA license. Petitioner agreed to pay the board investigation

and enforcement costs in the amount of \$9,739.50 prior to the reinstatement of her license.

4. On April 8, 2020, the board received petitioner's Petition for Penalty Relief (petition) with attached documents, requesting reinstatement of her surrendered license. This hearing followed.

### **Petitioner's Testimony**

5. Relevant portions of petitioner's testimony and narrative statement are summarized as follows: Petitioner began working as a PA at US Healthworks in 2010, which provides occupational health care. She was very successful there, and in 2011, she was named PA of the year for the entire company. While her career was progressing well, her home life became increasingly difficult because her husband took a new job that required him to be away for work much of the time, leaving her feeling alone and isolated. Petitioner was sexually abused as a child, which left her with anxiety. Over the years, she felt that she had conquered that anxiety, but it began to return with the absence of her husband.

6. In 2013, her addiction to Xanax started, and she began to illegally use and prescribe it. She believed that she could control her addiction and would go several months without using Xanax. However, at some point, there would be a new trigger, and she began using again. She testified extensively about paradoxical effects that taking Xanax had on her anxiety, often worsening it, and causing her to be in a daze. In late 2014, she informed her supervising physician that she needed help. She took a leave of absence and entered Casa Palmera, an inpatient rehabilitation facility.

Afterwards, she was sober for five months but relapsed. In January 2016, she blacked out while driving and was arrested for driving under the influence. This was

the last time she used Xanax and stopped taking it "cold turkey" because she felt so disgusted with herself. During this time, her mood became unpredictable. The next month, a patient reported to her supervisor that she appeared to be under the influence while at work. Although she was not under the influence, she could understand why a patient might believe she was high based on the effects of her undergoing detoxification.

She left her job, and in March 2016, entered another inpatient rehabilitation program at Hope by the Sea. In April 2016, she was accepted into the board's diversion program run by Maximus. In May 2016, she was on the phone with her parents, who lived in Oregon, and told them something to the effect that she could see how someone could be suicidal if the person "lost their job and everything." Believing that petitioner was suicidal, her parents contacted law enforcement, who came to her house and transported her to the hospital on a 5150 hold. Because her husband was out of town, and she had no other family or friends who could be with her, the doctor hospitalized her for 72 hours. While hospitalized, she was given lorazepam (a benzodiazepine), which she believes caused her to become delusional and behave irrationally. While in the hospital she called the Maximus program manager and quit the program. After being discharged, she drove up to her parents' house in Oregon. After the irrational thoughts wore off, she realized it was a mistake leaving Maximus and attempted to return to the program but was not permitted to do so.

7. In June 2017, petitioner began treating with Kathleen Phelps, a licensed clinical social worker. In September 2017, she signed a five-year contract with Pacific Assistance Group (PAG), a health professionals monitoring program. For two years, she attended PAG group meetings twice per week, facilitated by Duane Rogers, Psy.D.,



LMFT. In September 2019, she began attending weekly, and after she moved to Upland in January 2020, she continued to drive two hours each way to San Diego to attend group meetings until COVID-19, when the meetings began to be held remotely. The PAG program requires that she check in daily for random drug testing. She has never had a positive drug test. She attends Alcoholics Anonymous (AA) meetings by Zoom four to six times per week. She has had her current sponsor since 2018. In July 2019, she began treating with psychiatrist Elsie Reed, D.O. After Dr. Reed retired in May 2021, petitioner now treats with another psychiatrist, whom she sees weekly.

8. Since January 2021, petitioner has worked as a sales associate at Walmart, prior to which, she worked at Trader Joe's. She had enrolled in a Medical Assistant program in order to return to the medical field, but she was removed from the program after learning that she was debarred by Health and Human Services due to her license surrender.

9. Petitioner fully admitted to her illegal prescribing and self-administration of Xanax beginning in 2013. She is extremely remorseful and recognizes the wrongfulness of her conduct. However, with almost six years of sobriety and her demonstrated participation in treatment, she believes she is ready to return to work as a PA. She has taken over 750 continuing medical education (CME) hours. Petitioner testified extensively about the importance of her work as a PA in her life and her desire to return to the medical field. She has spoken to her former boss, Minh Nguyen, D.O., who would potentially rehire her should she receive a license.

10. On cross-examination, petitioner admitted that she was placed under a 5150 hold five separate times after family members phoned law enforcement because they were worried about her condition.

11. Petitioner was questioned about medical records from Hope by the Sea, which indicate she began abusing benzodiazepines at the age of 16, when she was first prescribed them, because of fear of flying. She denied abusing benzodiazepines until 2013. Her fear of flying was related to visits with her grandfather, who had repeatedly sexually abused her for many years. As a teenager, she only took benzodiazepines as prescribed and did not abuse them. She also denied that she has bipolar disorder, a diagnosis appearing in the records from both Casa Palmera and Hope by the Sea. No other healthcare professional has ever diagnosed her as being bipolar.

12. Petitioner was questioned about a CURES report, which shows she was prescribed diazepam in March 2016. Petitioner testified that she received this prescription while she was at Hope by the Sea to help with withdrawal symptoms. In July 2019, she was prescribed 10 pills of lorazepam (a benzodiazepine) because she was taking a cross-country flight and was fearful that she might have an anxiety attack while onboard. However, she did not take the entire prescription and was subsequently able to fly without taking any sedatives. She does not see a need to ever take a benzodiazepine ever again. In April 2020, Dr. Reed prescribed her 5 mg of amphetamine salts (Adderall), quantity 60. Petitioner explained that she had been taking a number of CME courses, but she had informed Dr. Reed that she had difficulty focusing. At the time, she did not ask what Dr. Reed had prescribed. However, when her husband picked up the prescription, petitioner saw that it was Adderall. She did not want to take Adderall so immediately threw away the prescription. She had complete trust in Dr. Reed, so she had not questioned Dr. Reed about the prescription. Her contract with PAG required her to disclose any controlled substances prior to use.

13. Petitioner admitted that she failed to check-in for the First Source drug testing on several occasions. However, she was not required to test on any day of the failed check-in. She said her failure to check-in was inadvertent, as she always set an alarm in the morning, but would sometimes become distracted. She learned from her mistakes and understands that failing to check-in while on board probation is a violation. She will comply with any requirements imposed by the board if her license is reinstated, including a restriction on prescribing certain controlled substances. As a PA in occupational health, she does not believe she will ever need to prescribe benzodiazepines or lower scheduled drugs. However, certain muscle relaxants are frequently prescribed for occupational injuries, so she requested that a total restriction not be imposed.

### **Testimony of Duane Rogers, Psy.D., LMFT**

14. Dr. Rogers's testimony and letter of support are summarized as follows: Dr. Rogers is an addiction specialist and is a licensed marriage and family therapist with the Board of Behavioral Sciences. Beginning in 1982, he began working as a group facilitator for the diversion programs of various health professional licensing boards, including the Medical Board of California (Medical Board). After the Medical Board's diversion program ended in 2008, he continued to monitor participants for the Medical Board and is currently contracted with Maximus, which operates the diversion programs for six other boards. Dr. Rogers also provides monitoring for PAG for self-referred participants. Dr. Rogers has monitored 628 participants since 1982.

15. Petitioner was first referred to Dr. Rogers's group in February 2016 as part of the board's diversion program operated by Maximus. She participated in his group until June 2016, when she dropped out of the program. After petitioner surrendered her license in August 2017, petitioner contacted Dr. Rogers and requested

to begin formal monitoring through PAG. On September 25, 2017, Dr. Rogers completed an intake session and petitioner signed a five-year monitoring contract that included attendance twice per week for the first two years, then weekly, at a recovering professionals' monitoring group, random and observed urine testing two to three times per month through First Source Solutions, attendance at AA or Narcotics Anonymous (NA) meetings, obtaining a 12-step sponsor, therapy with Ms. Phelps, and psychiatric consultation with Dr. Reed as needed.

16. Dr. Rogers has personally monitored petitioner in the program since September 2017. She has actively participated in all group meetings. Even after petitioner moved to Upland, she continued to drive down to San Diego to participate in the group meetings facilitated by Dr. Rogers and now participates virtually due to COVID. Dr. Rogers verified her attendance at AA/NA meetings, which she attended approximately three to four times per week. Dr. Rogers maintained contact with Ms. Phelps, petitioner's therapist, to ensure she was making progress and actively participating. Petitioner has never had a positive drug test or missed a required drug test.

17. Dr. Rogers has observed petitioner's transformation during the past four years. Working as a PA was a major part of petitioner's identity, and the loss of her license as noted above was her "bottoming out." She has since embarked on the process of rebuilding her life. He believes she is in a much stronger place than she was when she started with PAG. Dr. Rogers disagreed with the previous diagnoses of bipolar disorder and has not observed any indications that petitioner has this condition. Petitioner is extremely remorseful for her misconduct, and Dr. Rogers believes she is prepared and capable of returning to practice as a PA. If her license is reinstated, he would recommend similar monitoring and drug testing used by PAG.

18. The contract with PAG requires participants to notify Dr. Rogers whenever they receive a prescription medication. In February 2021, petitioner had foot surgery and was prescribed 30 pills of Percocet, a narcotic opioid. Petitioner reported to him each of the doses she took. Dr. Rogers does not have any concerns about her use of this narcotic. Dr. Rogers believed that the foot surgery was quite painful and had no concerns that she was prescribed an opioid.

19. In the summer of 2019, petitioner's primary care provider prescribed her 10 pills of Valium for anxiety involving a flight she was taking. Petitioner reported to Dr. Rogers that she had taken five pills, was ashamed about having done so, described it as a relapse, and was very remorseful. However, Dr. Rogers did not believe this was a relapse or problematic because she was prescribed the medication that allowed her to fly without having a panic attack. Dr. Rogers noted the limited dose petitioner was prescribed and that she did not take the entire prescription. Under the circumstances, he believed the prescription was appropriate, and her initial interpretation that she had relapsed was an overreaction. On cross-examination, Dr. Rogers admitted that petitioner only notified him after she had taken the medication, and not before as required under the PAG contract. The random drug testing did not reveal that she had been positive for benzodiazepines, but this is not unreasonable considering the half-life of the medication and that she was only being tested on average once every two weeks.

20. Also on cross-examination, Dr. Rogers admitted that petitioner's participation in PAG was not without some additional issues. In the records provided to the board, he did not document that petitioner had been prescribed Adderall. He had no independent recollection of this, and it is possible that petitioner did not report the prescription prior to filling it, which is required under the contract.

Throughout the monitoring period, Dr. Rogers's records indicated petitioner had at least a dozen missed check-ins with First Source from 2018 through 2021; however, she was never required to test on the check-in dates. Dr. Rogers testified that "recovery is not perfect, and neither is compliance" with the program. Dr. Rogers worked with petitioner in an attempt to develop a plan for better remembering to check-in. Petitioner has also missed several group meetings. Despite these compliance issues, Dr. Rogers believes petitioner would be a good candidate for the board's probation program and that she is safe to resume practice as a PA.

### **Testimony of Minh Nguyen, D.O.**

21. Minh Nguyen, D.O., testified at hearing and submitted a letter. His testimony and letter are summarized as follows: Dr. Nguyen is currently the Chief Medical Officer of Agile Occupational Medicine. He was previously vice president (VP) for medical operation at Concentra, and VP of medical operations at US Healthworks, before it was acquired by Concentra. At US Healthworks, he was responsible for overseeing 100 clinics and approximately 350 clinicians. He first met petitioner in 2010, when she was hired to work at US Healthworks' clinic in San Diego. Until 2012, Dr. Nguyen was her supervising physician, and the two worked together daily. Petitioner was an outstanding PA, had good rapport with patients, and provided outstanding medical care. In 2011, Dr. Nguyen nominated her for PA of the year, which petitioner received. In 2012, petitioner transferred to the clinic in Escondido, which was closer to her home. However, Dr. Nguyen continued to indirectly supervise petitioner after he became the regional medical director, responsible for 56 clinics. However, he did not have direct interaction with her after 2012.

22. Dr. Nguyen is aware of petitioner's addiction to Xanax and the reason for her departure in 2016. Since leaving US Healthworks, the two have maintained contact.

Dr. Nguyen supports petitioner's return to being a PA and would consider hiring her if she is licensed based on his extremely positive evaluation of her prior performance and the steps she has taken to deal with her addiction.

### **Letters by Treating Professionals**

23. Petitioner submitted a letter from Elise A. Reed, D.O., dated March 13, 2020, who began treating petitioner two to three times per month in July 2019. Dr. Reed wrote that she has been in practice for 22 years, and from a psychiatric standpoint, petitioner is one of the most well-balanced individuals she has seen in a long time. Dr. Reed believes that petitioner's previous erratic behavior was solely attributed to her addiction to Xanax. Petitioner is filled with a great deal of remorse, shame, and guilt for what she had done. Dr. Reed outlined petitioner's psychiatric history, noting that she had only used benzodiazepines as an adolescent on two occasions for flying and not again until 2013, at age 36. Dr. Reed was aware that petitioner received a prescription for Valium in 2019 in anticipation for a flight. She only used 6 of the 10 pills and discarded the remainder. Petitioner has since been able to fly without medication. Dr. Reed believes that petitioner has recovered from her addiction to Xanax and she no longer poses a danger to the public.

24. Petitioner submitted a letter from Kathleen Phelps, LCSW, dated March 3, 2020. Ms. Phelps began seeing petitioner in June 2017, and has seen her once or twice per month since. Ms. Phelps supports reinstatement of petitioner's license based on her participation in therapy and with the requirements of PAG.

25. Petitioner submitted a one sentence letter by Richard Smith, Ph.D., indicating he began seeing petitioner for weekly sessions on November 3, 2021.

## **Substance Abuse Diagnostic Evaluation**

26. Petitioner submitted an evaluation by Clark Smith, M.D., dated March 19, 2020, that was received as "administrative hearsay" under Government Code section 11513, subdivision (d). However, because Dr. Smith's conclusions were not subject to cross-examination, no curriculum vitae was submitted outlining his qualifications, he did not review any of petitioner's medical records or records from PAG, and his conclusion was devoid of any analysis or explanation, his report was given no weight and not considered.

## **Additional Reference Letters**

27. Petitioner submitted reference letters from Teri De Shon, petitioner's mother; Randy Wolf, DDS, a participant with petitioner at PAG group meetings; Sarah Jackson, BSN, RN, who has been friends with petitioner for 16 years; Jeffrey Pearson, D.O., who was petitioner's physician and petitioner volunteered as a medical assistant in his office; Cindy P., who has been petitioner's AA sponsor since 2018; Alex Maitre, who has known petitioner since 2004; and Thomas Heywood, M.D., who supervised petitioner in 2007 at the Scripps Clinic Heart Failure Recovery and Research Program. Those who have been involved in petitioner's recovery praised her work and dedication and corroborated her testimony. All of the writers praised petitioner's character.

## **Additional Documentation**

28. A First Source testing report prepared for Dr. Rogers showed that petitioner had negative drug tests beginning in October 2017 through March 2020, when the report ended. The report showed petitioner was tested one or two times per month.



29. Petitioner submitted an order showing her conviction for driving under the influence was dismissed pursuant to Penal Code section 1203.4 on May 25, 2018.

30. Petitioner submitted CME reports showing she completed approximately 500 CME hours from February through December 2021. She also submitted reports from 2017 through 2020, but they were incomplete, and the number of hours could not be discerned.

## **LEGAL CONCLUSIONS**

1. In a proceeding for the restoration of a revoked license, the burden at all times rests on petitioner to prove that she has rehabilitated herself and that she is entitled to have her license restored. (*Flanzer v. Bd. of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.) A person seeking reinstatement of a revoked license must present strong proof of rehabilitation, and the showing must be sufficient to overcome the former adverse determination. (*Housman v. Bd. of Medical Examiners* (1948) 84 Cal.App.2d, 308, 315-316.)

2. Business and Professions Codes section 3530 authorizes a person whose license has been revoked to petition for reinstatement after three years. The board may consider:

all activities of petitioner since the disciplinary action was taken, the offense for which petitioner was disciplined, petitioner's activities during the time the license was in good standing, and petitioner's rehabilitative efforts, general reputation for truth, and professional ability. (*Id.* at subd. (d).)

3. The board's rehabilitation criteria applicable to petitions for reinstatement are contained in California Code of Regulations, title 16, section 1399.526. However, the rehabilitation criteria solely related to individuals who have been convicted of a crime and include the nature and gravity of the offense; length of probation or parole; and the modification of any period and terms of probation or parole.

4. Under California Code of Regulations, title 16, section 1399.523, in reaching a decision on disciplinary actions, the board must consider the disciplinary guidelines entitled "Physician Assistant Board Manual of Model Disciplinary Guidelines and Model Disciplinary Orders" (Fourth Edition 2016). If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation. (*Id.* at subd. (c).) Furthermore:

(1) Each of the "Conditions Applying the Uniform Standards," as set forth in the model disciplinary orders, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

(2) The Substance Abuse Coordination Committee's Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011) (Uniform Standards), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.

5. Petitioner argues that she presented sufficient evidence of sustained rehabilitation justifying reinstatement of her license with conditions. The Attorney General opposes reinstatement, arguing that given the seriousness of the misconduct, petitioner has not sufficiently demonstrated she has been rehabilitated, especially in light of her compliance issues in the PAG program.

6. Petitioner presented clear and convincing evidence that she has been rehabilitated to such an extent that it would not be contrary to the public health, safety and welfare to reinstate her license with appropriate conditions. Petitioner's misconduct was egregious. Over a two to three-year period, petitioner diverted alprazolam by writing multiple fraudulent prescriptions and abused the drug to such an extent that it caused significant impairment. Ultimately, it led to her blacking out while driving, for which she suffered a DUI conviction. Although petitioner entered two rehabilitation programs, she withdrew from the board's diversion program within months and underwent multiple psychiatric hospitalizations.

After surrendering her license in August 2017, petitioner re-entered the PAG program. It was established that she has been substantively compliant with the program's requirements. She has attended group meetings, AA/NA meetings, psychotherapy, psychiatric treatment, and underwent random drug testing. Although she has had multiple missed check-ins, she has not missed a required test and has not had any positive drug screens. Her very limited use of lorazepam in 2019 was the result of a prescription for a legitimate medical use, although petitioner now recognizes that the decision to again take a benzodiazepine was ill-advised.

Notwithstanding, petitioner demonstrated a clear understanding of her errors in judgment and engaged in meaningful introspection to understand the causes for her actions. While her participation in PAG was not without some issues, petitioner

appears to understand, and is able to commit to, the board's strict requirements of compliance with probation. She has a strong support network of family, her NA sponsor, and mental health professionals. Except for diverting controlled substances for her own use, the quality of her work as a PA had not been questioned. In fact, it appears she was highly regarded by her employer. Under these circumstances, the public will be sufficiently protected by reinstating the license with conditions of probation. Such conditions will include the Uniform Standards Related to Substance Abusing Licensees, a total restriction on prescribing of controlled substances for the first year of probation, maintenance of controlled substance records for the remaining years of probation, an education course, an ethics course, and a psychological evaluation. Additionally, because it will have been six years since petitioner practiced as a PA, she will be required to undergo a clinical training program as a condition precedent to the issuance of a license.

## **ORDER**

The application of petitioner Larissa Poles for reinstatement of a physician assistant license is hereby granted and a license shall be issued upon the following conditions precedent: completion of a clinical training program within one year of the effective date of this decision and passage of the Physician Assistant National Certifying Exam of the National Commission on Certification of Physician Assistants.

Upon completion of the condition precedents above, petitioner shall be issued a license. However, the license shall be immediately revoked, the revocation shall be stayed, and petitioner shall be placed on probation for a period of five years under the following terms and conditions:

**1. Clinical Training Program - Condition Precedent**

Within one year of the effective date of this decision, petitioner shall submit to the board or its designee for prior approval, a clinical training or educational program such as the Physician Assessment and Clinical Education Program (PACE) offered by the University of California – San Diego School of Medicine or equivalent program as approved by the board or its designee. The exact number of hours and specific content of the program shall be determined by the board or its designee. The program shall determine whether petitioner has successfully completed and passed the program.

Petitioner shall pay the cost of the program.

If the program makes recommendations for the scope and length of any additional educational or clinical training, treatment for any medical or psychological condition, or anything else affecting petitioner's practice as a physician assistant, petitioner shall comply with the program recommendations and pay all associated costs.

Petitioner shall successfully complete and pass the program not later than six months after petitioner's initial enrollment. The program determines whether or not the petitioner successfully completes the program.

If petitioner fails to either 1) complete the program within the designated time period, or 2) to pass the program, as determined by the program, petitioner shall cease practicing as a physician assistant immediately after being notified by the board or its designee.

Petitioner shall not be issued a license to practice as a physician assistant until she has successfully completed and passed the program, as determined by the program, and has been so notified by the board or its designee in writing, except that petitioner may practice only in the program.

**2. Examination – Condition Precedent**

Respondent shall not practice as a physician assistant until Respondent has passed the Physician Assistant National Certifying Exam of the National Commission on Certification of Physician Assistants. Respondent shall pay all fees related to the examination. Respondent shall not practice as a physician assistant until Respondent receives written notice relating to passage of the examination from the Board or its designee. The probation period is tolled until Respondent passes the examination.

**3. Controlled Drugs – Drug Order Authority**

For the first three years of probation, petitioner shall not administer, issue a drug order, or hand to a patient or possess any controlled substances as defined by the California Uniform Controlled Substances Act.

Petitioner is prohibited from practicing as a physician assistant until petitioner provides documentary proof to the board or its designee that petitioner's DEA permit has been surrendered to the Drug Enforcement Administration for cancellation. Petitioner shall surrender all controlled substance order forms to the supervising physician. Thereafter, petitioner shall not reapply for a new DEA permit without the prior written consent of the board or its designee.

**4. Controlled Drugs - Maintain Record**

Petitioner shall maintain a record of all controlled substances administered, transmitted orally or in writing on a patient's record or handed to a patient by petitioner during probation showing all the following: 1) the name and address of the patient, 2) the date, 3) the character and quantity of controlled substances involved, and 4) the indications and diagnosis for which the controlled substance was furnished, and 5) the name of the supervising physician prescriber.

Petitioner shall keep these records at the worksite in a separate file or ledger, in chronological order, and shall make them available for immediate inspection and copying by the board or its designee on the premises at all times during business hours, upon request and without charge.

The supervising physician shall review, sign, and date the controlled substances record weekly, unless otherwise determined by the board or its designee.

#### **5. Education Course**

Within 60 days of the issuance of a license, petitioner shall submit to the board or its designee for its prior approval an educational program or course from an accredited program which shall consist of Category 1 CME hours, the number of which to be determined by the board or its designee. The education course shall be aimed at correcting any areas of deficient practice or knowledge. The course shall be Category I certified, limited to classroom, conference, or seminar settings. Petitioner shall successfully complete the course within the first year of probation.

Petitioner shall pay the cost of the course.

Petitioner shall submit a certification of successful completion to the board or its designee within 15 days after completing the course.

6. **Ethics Course**

Within 60 days of the issuance of a license, petitioner shall submit to the board or its designee for its prior approval a course in ethics. The course shall be limited to classroom, conference, or seminar settings. Petitioner shall successfully complete the course within the first year of probation.

Petitioner shall pay the cost of the course.

Petitioner shall submit a certification of successful completion to the board or its designee within 15 days after completing the course.

7. **Psychological Evaluation/Treatment**

Within 60 days of the issuance of a license, and on a periodic basis thereafter as may be required by the board or its designee, petitioner shall undergo a psychological evaluation by a board appointed psychological evaluator who shall furnish a psychological report and recommendations to the board or its designee.

Following the evaluation, petitioner shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after notification by the board or its designee.

Petitioner may, based on the evaluator's report and recommendations, be required by the board or its designee to undergo psychological treatment. Upon notification, petitioner shall within 30 days submit for prior approval the name and qualifications of a psychological practitioner of petitioner's choice. Upon approval of the treating psychological practitioner, petitioner shall undergo and continue psychological treatment until further notice from the board or its designee. Petitioner shall have the treating psychological practitioner submit quarterly status reports to the



board or its designee indicating whether petitioner is capable of practicing medicine safely.

Petitioner shall pay the cost of all psychological evaluations and treatment.

If the evaluator or treating practitioner determines that petitioner is a danger to the public, upon notification, petitioner shall immediately cease practicing as a physician assistant until notified in writing by the board or its designee that petitioner may resume practice.

#### **8. Clinical Diagnostic Evaluation (CDE)**

Within 30 days from the effective date of the Decision and Order and thereafter as required by the board, petitioner shall undergo a CDE from a licensed practitioner who holds a valid, unrestricted license to conduct CDEs, has three years' experience in providing evaluations of health care professionals with substance abuse disorders, and is approved by the board. The evaluations shall be conducted in accordance with accepted professional standards for conducting a substance abuse CDE.

Petitioner shall undergo a CDE to determine whether petitioner has a substance abuse problem and whether petitioner is a threat to himself or herself or others. The evaluator shall make recommendations for substance abuse treatment, practice restrictions, or other recommendations related to petitioner's rehabilitation and safe practice.

Petitioner shall not be evaluated by an evaluator that has a financial, personal, or business relationship with petitioner within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

During the evaluation, if petitioner is determined to be a threat to himself or herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

Petitioner may return to either full-time or part-time work if the board determines he or she is fit to do so based upon consideration of the CDE report and the following criteria:

- License type;
- Licensee's history;
- Documented length of sobriety/time that has elapsed since last substance use;
- Scope and pattern of use;
- Treatment history;
- Medical history and current medical condition;
- Nature, duration and severity of substance abuse; and,
- Whether the licensee is a threat to himself or herself or others.

The board shall determine whether or not petitioner is safe to return to full-time or part-time work, and what restrictions shall be imposed on petitioner. However,

petitioner shall not return to practice until he or she has thirty days of negative drug tests.

If petitioner is required to participate in inpatient, outpatient, or any other type of treatment, the board shall take into consideration the recommendation of the CDE, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others.

In the event that any Condition Applying the Uniform Standards requires interpretation or clarification, the Uniform Standards shall be controlling.

9. **Abstain from the Use of Alcohol**

Petitioner shall abstain completely from the use of alcoholic beverages.

10. **Abstain from the Use of Controlled Substances and Dangerous Drugs**

Petitioner shall abstain completely from personal use, possession, injection, consumption by any route, including inhalation of all controlled substances as defined in the California Uniform, Controlled Substances Act. This prohibition does not apply to medications lawfully prescribed to petitioner for a bona fide illness or condition by a practitioner licensed to prescribe such medications. Within 15 calendar days of receiving any lawful prescription medications, petitioner shall notify the recovery program in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number. Petitioner shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report

submitted. Petitioner shall provide the probation monitor with a signed and dated medical release covering the entire probation period.

Petitioner shall identify for the board's approval a single coordinating physician and surgeon who shall be aware of petitioner's history of substance abuse and who will coordinate and monitor any prescriptions for petitioner for dangerous drugs, and controlled substances. Once a board-approved physician and surgeon has been identified, petitioner shall provide a copy of the Accusation, Stipulated Decision and Order, and this Decision and Order to the physician and surgeon. The coordinating physician and surgeon shall report to the board or its designee on a quarterly basis petitioner's compliance with this condition.

The board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If petitioner has a positive drug screen for any substance not legally authorized, petitioner shall be contacted and instructed to leave work and ordered by the board to cease any practice and may not practice unless and until notified by the board. The board will notify petitioner's employer, if any, and worksite monitor, if any, that petitioner may not practice. If the board files a petition to revoke probation or an accusation based upon the positive drug screen, petitioner shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

#### **11. Drug and Alcohol Recovery Monitoring Program**

Within 15 calendar days from the issuance of a license, petitioner shall enroll, participate in, and successfully complete the board's drug and alcohol recovery

monitoring program at petitioner's cost until the drug and alcohol recovery monitoring program determines that participation in the drug and alcohol recovery monitoring program is no longer necessary.

Petitioner shall comply with all components of the drug and alcohol recovery monitoring program. Petitioner shall sign a release authorizing the drug and alcohol recovery monitoring program to report all aspects of participation of the drug and alcohol recovery monitoring program as requested by the board or its designee.

Failure to comply with requirements of the drug and alcohol recovery monitoring program, terminating the program without permission or being expelled for cause shall constitute a violation of probation by petitioner and shall be immediately suspended from the practice as a physician assistant. Probation shall be automatically extended until petitioner successfully completes the program.

#### **12. Biological Fluid Testing**

Petitioner shall immediately submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the board or its designee.

Petitioner shall be subject to a minimum of 52 random tests per year within the first year of probation and a minimum of 36 random tests per year, for the duration of the probationary term up to five years and a minimum of one test per month in each year of probation after the fifth year provided that there have been no positive test results during the previous five years.

The board or its designee may require less frequent testing if any of the following applies:

- Where petitioner has previously participated in a treatment or monitoring program requiring testing, the board or its designee may consider that prior testing record in applying the testing frequency schedule described above;
- Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven years apart, that did not occur at work or on the way to or from work, the board or its designee may skip the first-year testing frequency requirement(s) of a minimum of 52 random tests per year and participate in the second year of testing frequency requirement of a minimum of 36 random tests per year;
- Where petitioner is not employed in any health care field, frequency of testing may be reduced to a minimum of 12 tests per year. If petitioner wishes to thereafter return to employment in a health care field, petitioner shall be required to test at least once a week for a period of 60 days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before petitioner may be reduced to a testing frequency of no less than 24 tests per year;
- Where petitioner has a demonstrated period of sobriety and/or non-use, the board or its designee may reduce the testing frequency to no less than 24 tests per year.

Petitioner shall make daily contact as directed by the board to determine if he or she must submit to drug testing. Petitioner shall have the test performed by a board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he or she is notified that a test is required.

This shall ensure that the test results are sent immediately to the board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitute a violation of probation. If the test results in a determination that the urine was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If a positive result is obtained, the board may require petitioner to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to suspend petitioner's license to practice. Any such examination or laboratory and testing costs shall be paid by petitioner. If it is determined petitioner altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and petitioner must cease practicing. Petitioner shall not resume practice until notified by the board. If petitioner tests positive for a banned substance, petitioner shall be contacted and instructed to leave work and ordered to cease all practice. Petitioner shall not resume practice until notified by the board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the board prior to the vacation or travel.

### **13. Facilitated Group Support Meetings**

Within 15 days from the effective date of the decision, petitioner shall submit to the board or its designee for prior approval the name of one or more meeting facilitators. Petitioner shall participate in facilitated group support meetings within 15 days after notification of the board's or designee's approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the board or its designee shall give consideration to the following:

- The licensee's history;
- The documented length of sobriety/time that has elapsed since substance abuse;
- The recommendation of the clinical evaluator;
- The scope and pattern of use;
- The licensee's treatment history; and;
- The nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by petitioner with each quarterly report. Petitioner shall continue attendance in such a group for the duration of probation unless notified by the board that attendance is no longer required.

If a facilitated group support meeting is ordered, the group facilitator shall meet the following qualifications and requirements:

- The group meeting facilitator shall have a minimum of three years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
- The group meeting facilitator shall not have a financial relationship, personal relationship, or business relationship with the licensee in the last one year.
- The group facilitator shall provide to the board or its designee a signed document showing the licensee's name, the group name, the date and



location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

- The group meeting facilitator shall report any unexcused absence to the board or its designee within 24 hours.

#### 14. **Work Site Monitor**

Petitioner shall have a worksite monitor as required by this term. The worksite monitor shall not have any current or former financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer or supervising physician to serve as the worksite monitor, this requirement may be waived by the board. However, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

The worksite monitor's license scope of practice shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available.

The worksite monitor shall have an active unrestricted license, with no disciplinary action within the last five years. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by the board.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

a) Have face-to-face contact with the licensee at least once per week in the work environment or more frequently if required by the board.

b) Interview other staff in the office regarding the licensee's behavior, if applicable.

c) Review the licensee's work attendance.

The worksite monitor shall report to the board as follows:

Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor; staff interviewed if applicable; attendance report; any change in behavior and/or personal habits; any indicators leading to suspected substance abuse. The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor. If petitioner tests positive for a banned substance, the board will immediately notify petitioner's employer that petitioner's license has been ordered to cease practice.

15. **Major Violations**

This provision applies if the licensee commits a violation of the drug and alcohol recovery monitoring program or any other condition applying the uniform standards specific to controlled substance.

If petitioner commits a major violation, petitioner shall immediately upon notification by the board, cease practice until notified otherwise in writing by the board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required CDE;
3. Committing multiple minor violations of probation conditions;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code or state or federal law;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive for a banned substance; and
8. Knowingly using, making, altering, or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

**16. Approval of Supervising Physician**

Within 30 days of the issuance of a license, petitioner shall submit to the board or its designee for its prior approval the name and license number of the supervising physician and a practice plan detailing the nature and frequency of supervision to be provided. Petitioner shall not practice until the supervising physician and practice plan are approved by the board or its designee.

Petitioner shall have the supervising physician submit quarterly reports to the board or its designee.

If the supervising physician resigns or is no longer available, petitioner shall, within 15 days, submit the name and license number of a new supervising physician for approval. Petitioner shall not practice until a new supervising physician has been approved by the board or its designee.

**17. Notification of Employer and Supervising Physician**

Petitioner shall notify her current and any subsequent employer and supervising physician(s) of the discipline and provide a copy of the accusation, decision, and order to each employer and supervising physician(s) during her period of probation, before accepting or continuing employment. Petitioner shall ensure that each employer informs the board or its designee, in writing within 30 days, verifying that the employer and supervising physician(s) have received a copy of Accusation, Decision, and Order.

This condition shall apply to any change(s) in place of employment.

Petitioner shall provide to the board or its designee the names, physical addresses, mailing addresses, and telephone numbers of all employers, supervising

physicians, and work site monitor, and shall inform the board or its designee in writing of the facility or facilities at which the person practices as a physician assistant.

Petitioner shall give specific, written consent to the board or its designee to allow the board or its designee to communicate with the employer, supervising physician, or work site monitor regarding the licensee's work status, performance, and monitoring.

**18. Obey All Laws**

Petitioner shall obey all federal, state, and local laws, and all rules governing the practice of medicine as a physician assistant in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

**19. Quarterly Reports**

Petitioner shall submit quarterly declarations under penalty of perjury on forms provided by the board or its designee, stating whether there has been compliance with all the conditions of probation.

**20. Other Probation Requirements**

Petitioner shall comply with the board's probation unit. Petitioner shall, at all times, keep the board and probation unit informed of petitioner's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the board and probation unit. Under no circumstances shall a post office box serve as an address of record, except as allowed by California Code of Regulations 1399.511.

Petitioner shall appear in person for an initial probation interview with board or its designee within 90 days of the decision. Petitioner shall attend the initial interview at a time and place determined by the board or its designee. Petitioner shall, at all times, maintain a current and renewed physician assistant license.

Petitioner shall also immediately inform the probation unit, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 days.

**21. Interview with Medical Consultant**

Petitioner shall appear in person for interviews with the board's medical or expert physician assistant consultant upon request at various intervals and with reasonable notice.

**22. Non-practice While on Probation**

Petitioner shall notify the board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days. Non-practice is defined as any period of time exceeding 30 calendar days in which petitioner is not practicing as a physician assistant. Petitioner shall not return to practice until the supervising physician is approved by the board or its designee.

If, during probation, petitioner moves out of the jurisdiction of California to reside or practice elsewhere, including federal facilities, petitioner is required to immediately notify the board in writing of the date of departure, and the date of return, if any.

Practicing as a physician assistant in another state of the United States or federal jurisdiction while on active probation with the physician assistant licensing authority of that state or jurisdiction shall not be considered non-practice.

All time spent in a clinical training program that has been approved by the board or its designee, shall not be considered non-practice. Non-practice due to a board ordered suspension or in compliance with any other condition or probation, shall not be considered a period of nonpractice.

Any period of non-practice, as defined in this condition, will not apply to the reduction of the probationary term. Periods of non-practice do not relieve petitioner of the responsibility to comply with the terms and conditions of probation.

It shall be considered a violation of probation if for a total of two years, petitioner fails to practice as a physician assistant. Petitioner shall not be considered in violation for non-practice as long as petitioner is residing and practicing as a physician assistant in another state of the United States and is on active probation with the physician assistant licensing authority of that state, in which case the two-year period shall begin on the date probation is completed or terminated in that state.

**23. Unannounced Clinical Site Visit**

The board or its designee may make unannounced clinical site visits at any time to ensure that petitioner is complying with all terms and conditions of probation.

**24. Condition Fulfillment**

A course, evaluation, or treatment completed after the acts that gave rise to the charges in the Accusation but prior to the effective date of the Decision may, in the

sole discretion of the board or its designee, be accepted towards the fulfillment of the condition.

**25. Completion of Probation**

Petitioner shall comply with all financial obligations (e.g., cost recovery, probation costs) no later than 60 calendar days prior to the completion of probation. Upon successful completion of probation, petitioner's license will be fully restored.

**26. Violation of Probation**

If petitioner violates probation in any respect, the board after giving petitioner notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against petitioner during probation, the board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

**27. Cost Recovery**

Petitioner is hereby ordered to reimburse the board the amount of \$9,739.50, if not already paid, within 90 days from the issuance of a license for its investigative and enforcement costs. Failure to reimburse the board costs for its investigation shall constitute a violation of the probation order, unless the board agrees in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by petitioner shall not relieve petitioner of her responsibility to reimburse the board for its investigative costs.



28. **Probation Monitoring Costs**

Petitioner shall pay the costs associated with probation monitoring each and every year of probation, as designated by the board, which may be adjusted on an annual basis. The costs shall be made payable to the board and delivered to the board no later than January 31 of each calendar year.

29. **Voluntary License Surrender**

Following the effective date of this probation, if petitioner ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, petitioner may request, in writing, the voluntary surrender of petitioner's license to the board. Petitioner's written request to surrender her license shall include the following: her name, license number, case number, address of record, and an explanation of the reason(s) why petitioner seeks to surrender her license. The board reserves the right to evaluate petitioner's request and to exercise its discretion whether to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Petitioner shall not be relieved of the requirements of her probation unless the board or its designee notifies petitioner in writing that petitioner's request to surrender her license has been accepted. Upon formal acceptance of the surrender, petitioner shall, within 15 days, deliver petitioner's wallet and wall certificate to the board or its designee and shall no longer practice as a physician assistant. Petitioner will no longer be subject to the terms and conditions of probation and the surrender of petitioner's license shall be deemed disciplinary action. If petitioner re-applies for a physician assistant license, the application shall be treated as a petition for reinstatement of a revoked license.

This Decision shall become effective at 5:00 p.m. on June 17, 2022.

IT IS SO ORDERED this 19 day of May, 2021.

A handwritten signature in black ink, appearing to read 'J. Armenta', is written over a horizontal line.

Juan Armenta, President  
Physician Assistant Board

**BEFORE THE  
PHYSICIAN ASSISTANT BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Petition for  
Reinstatement of:

**LARISSA JEAN POLES**

\_\_\_\_\_  
Petitioner.

) Case No. 950-2020-002805  
)  
)  
) OAH No. 2021090830  
)  
)  
)

**ORDER OF REJECTION  
OF PROPOSED DECISION**

Pursuant to Section 11517 of the Government Code, the Proposed Decision of the Administrative Law Judge, dated January 7, 2022, in the above-entitled matter is rejected. The Physician Assistant Board (Board) will decide the case upon the record, including the transcript of the hearing held on December 20, 2021, and upon such written argument as the parties may wish to submit. The parties will be notified of the date for submission of such argument when the transcript of the above-mentioned hearing becomes available.

IT IS SO ORDERED this 15 day of February, 2022



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Juan Armenta, President  
Physician Assistant Board

**BEFORE THE  
PHYSICIAN ASSISTANT BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition for Reinstatement of:**

**LARISSA JEAN POLES, Petitioner**

**Case No.950-2020-002805**

**OAH No. 2021090830**

**PROPOSED DECISION**

Adam L. Berg, Administrative Law Judge, Office of Administrative Hearings, State of California, heard this matter by videoconference on December 20, 2021.

David M. Balfour, Attorney at Law, represented petitioner, Larissa Jean Poles.

Karolyn M. Westfall, Deputy Attorney General, represented the Office of the Attorney General, State of California, as authorized by Government Code section 11522.

The matter was submitted on December 20, 2021.

## **FACTUAL FINDINGS**

### **Background**

1. On December 10, 2008, the Physician Assistant Board of California (board) issued Physician Assistant License No. PA 20111 to petitioner.

2. On April 27, 2017, the board's executive officer filed an accusation against petitioner alleging nine causes for discipline as follows: self-prescribing or administering a controlled substance; use of a drug in a manner dangerous to herself or others; violation of state laws relating to dangerous drugs and/or controlled substances; dishonesty or corruption; false representation; creation of false medical records with fraudulent intent; conviction of a substantially related offense; furnishing drugs without an examination; and failure to maintain adequate records. Complainant also alleged petitioner's ability to practice was impaired due to physical/mental illness affecting competency. The factual allegations in support of the causes for discipline are summarized as follows:

Between March 10, 2010, and February 19, 2016, petitioner was employed as a physician assistant (PA) at US Healthworks in Escondido. From 2013 to 2015, petitioner wrote numerous controlled substance prescriptions for a medical assistant employed

at US Healthworks without creating any medical records. All the prescriptions written for alprazolam<sup>1</sup> were intended for petitioner's own use.

Petitioner wrote numerous prescriptions in the name of the husband of another PA working at US Healthworks. This individual was not petitioner's patient, petitioner did not create any medical records for this individual, and all the prescriptions written for alprazolam were intended for petitioner's own use.

Between 2014 and 2015, petitioner wrote numerous controlled substance prescriptions for her neighbor. All the prescriptions written for alprazolam were for petitioner's own use.

In 2014 and 2015, petitioner wrote prescriptions for alprazolam in the name of her husband, who was not petitioner's patient. All the prescriptions were intended for her own use.

Between 2014 and 2016, petitioner took between 2 mg and 10 mg of alprazolam every other day, including days she worked at US Healthworks. She was never prescribed alprazolam by a treating physician.

On January 17, 2016, petitioner was arrested on suspicion of driving under the influence of drugs. A blood sample obtained from petitioner tested positive for

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<sup>1</sup> Alprazolam, marketed under the trade name Xanax, is a benzodiazepine used to treat anxiety and panic disorders. It is a Schedule IV controlled substance and dangerous Drug. (Health & Saf., Code, § 11507, subd. (d); Bus. & Prof. Code, 4022.)

alprazolam. Petitioner was subsequently convicted of this offense on May 31, 2016. The court placed her on probation for five years.

In February 2016, petitioner reported her arrest to the board. She admitted to taking a syringe containing lidocaine from US Healthworks. The same month, a patient reported to petitioner's supervising physician that petitioner was acting if she had "taken something." Petitioner left work and never returned.

On February 19, 2016, petitioner sought treatment from her treating psychiatrist. After petitioner expressed suicidal thoughts, her psychiatrist contacted law enforcement who transported petitioner to a psychiatric hospital where she was treated for seven days under a Welfare and Institutions section 5150 hold (5150 hold).

On April 13, 2016, petitioner self-referred to the board's diversion program, operated by Maximus. During her intake, petitioner admitted to using and abusing alprazolam since the age of 14. Petitioner was accepted into the program, which included a restriction from practice, drug testing, check-ins with a case manager, and participation in group therapy and 12-step meetings.

On May 18, 2016, law enforcement was called to petitioner's home, and police took her to a hospital under a 5150 hold, where she remained for three days.

On May 23, 2016, law enforcement was again called to petitioner's home, after which she was again hospitalized under a 5150 hold for three days.

On June 10, 2016, the Maximus program terminated petitioner from the program and determined her to be a "public risk" due to her noncompliance with the program.

After reviewing records at the request of the board, psychiatrist Markham Kirsten, M.D., determined that petitioner's long-standing alprazolam addiction had spun out of control, and she suffered from a severe use disorder that prevented her from practicing safely.

On July 17, 2016, law enforcement took petitioner to a hospital for treatment under a 5150 hold. Petitioner was treated and released, but on July 21, 2016, petitioner's husband took her to a hospital where she was placed under a 5150 hold, treated, and released.

On January 18, 2017, petitioner was interviewed by an investigator from the Department of Consumer Affairs' Division of Investigations. During the interview, petitioner admitted to taking alprazolam that had not been prescribed to her for an extended period of time, which put her in an "amnesia type state," that caused her to be irrational and illogical, with what she described as "Xanax psychosis." A review of petitioner's prescribing history through the Controlled Substances Utilization Review and Evaluation System (CURES) showed from 2013 to 2015, petitioner prescribed alprazolam to 14 patients. During her interview, petitioner admitted that all these prescriptions were for her own use.

3. In a Stipulated Surrender of License and Disciplinary Order effective August 9, 2017, petitioner admitted the truth of every allegation in the accusation and agreed to surrender her PA license. Petitioner agreed to pay the board investigation and enforcement costs in the amount of \$9,739.50 prior to the reinstatement of her license.



4. On May 5, 2020, the board received petitioner's Petition for Penalty Relief (petition) with attached documents, requesting reinstatement of her surrendered license. This hearing followed.

### **Petitioner's Testimony**

5. Relevant portions of petitioner's testimony and narrative statement are summarized as follows: Petitioner began working as a PA at US Healthworks in 2010, which provides occupational health care. She was very successful there, and in 2011, she was named PA of the year for the entire company. While her career was progressing well, her home life became increasingly difficult because her husband took a new job that required him to be away for work much of the time, leaving her feeling alone and isolated. Petitioner was sexually abused as a child, which left her with anxiety. Over the years, she felt that she had conquered that anxiety, but it began to return with the absence of her husband.

6. In 2013, her addiction to Xanax started, and she began to illegally use and prescribe it. She believed that she could control her addiction and would go several months without using Xanax. However, at some point, there would be a new trigger, and she began using again. She testified extensively about paradoxical effects that taking Xanax had on her anxiety, often worsening it, and causing her to be in a daze. In late 2014, she informed her supervising physician that she needed help. She took a leave of absence and entered Casa Palmera, an inpatient rehabilitation facility.

Afterwards, she was sober for five months but relapsed. In January 2016, she blacked out while driving and was arrested for driving under the influence. This was the last time she used Xanax and stopped taking it "cold turkey" because she felt so disgusted with herself. During this time, her mood became unpredictable. The next

month, a patient reported to her supervisor that she appeared to be under the influence while at work. Although she was not under the influence, she could understand why a patient might believe she was high based on the effects of her undergoing detoxification.

She left her job, and in March 2016, entered another inpatient rehabilitation program at Hope by the Sea. In April 2016, she was accepted into the board's diversion program run by Maximus. In May 2016, she was on the phone with her parents, who lived in Oregon, and told them something to the effect that she could see how someone could be suicidal if the person "lost their job and everything." Believing that petitioner was suicidal, her parents contacted law enforcement, who came to her house and transported her to the hospital on a 5150 hold. Because her husband was out of town, and she had no other family or friends who could be with her, the doctor hospitalized her for 72 hours. While hospitalized, she was given lorazepam (a benzodiazepine), which she believes caused her to become delusional and behave irrationally. While in the hospital she called the Maximus program manager and quit the program. After being discharged, she drove up to her parents' house in Oregon. After the irrational thoughts wore off, she realized it was a mistake leaving Maximus and attempted to return to the program but was not permitted to do so.

7. In June 2017, petitioner began treating with Kathleen Phelps, a licensed clinical social worker. In September 2017, she signed a five-year contract with Pacific Assistance Group (PAG), a health professionals monitoring program. For two years, she attended PAG group meetings twice per week, facilitated by Duane Rogers, Psy.D., LMFT. In September 2019, she began attending weekly, and after she moved to Upland in January 2020, she continued to drive two hours each way to San Diego to attend

group meetings until COVID-19, when the meetings began to be held remotely. The PAG program requires that she check in daily for random drug testing. She has never had a positive drug test. She attends Alcoholics Anonymous (AA) meetings by Zoom four to six times per week. She has had her current sponsor since 2018. In July 2019, she began treating with psychiatrist Elsie Reed, D.O. After Dr. Reed retired in May 2021, petitioner now treats with another psychiatrist, whom she sees weekly.

8. Since January 2021, petitioner has worked as a sales associate at Walmart, prior to which, she worked at Trader Joe's. She had enrolled in a Medical Assistant program in order to return to the medical field, but she was removed from the program after learning that she was debarred by Health and Human Services due to her license surrender.

9. Petitioner fully admitted to her illegal prescribing and self-administration of Xanax beginning in 2013. She is extremely remorseful and recognizes the wrongfulness of her conduct. However, with almost six years of sobriety and her demonstrated participation in treatment, she believes she is ready to return to work as a PA. She has taken over 750 continuing medical education (CME) hours. Petitioner testified extensively about the importance of her work as a PA in her life and her desire to return to the medical field. She has spoken to her former boss, Minh Nguyen, D.O., who would potentially rehire her should she receive a license.

10. On cross-examination, petitioner admitted that she was placed under a 5150 hold five separate times after family members phoned law enforcement because they were worried about her condition.

11. Petitioner was questioned about medical records from Hope by the Sea, which indicate she began abusing benzodiazepines at the age of 16, when she was

first prescribed them, because of fear of flying. She denied abusing benzodiazepines until 2013. Her fear of flying was related to visits with her grandfather, who had repeatedly sexually abused her for many years. As a teenager, she only took benzodiazepines as prescribed and did not abuse them. She also denied that she has bipolar disorder, a diagnosis appearing in the records from both Casa Palmera and Hope by the Sea. No other healthcare professional has ever diagnosed her as being bipolar.

12. Petitioner was questioned about a CURES report, which shows she was prescribed diazepam in March 2016. Petitioner testified that she received this prescription while she was at Hope by the Sea to help with withdrawal symptoms. In July 2019, she was prescribed 10 pills of lorazepam (a benzodiazepine) because she was taking a cross-country flight and was fearful that she might have an anxiety attack while onboard. However, she did not take the entire prescription and was subsequently able to fly without taking any sedatives. She does not see a need to ever take a benzodiazepine ever again. In April 2020, Dr. Reed prescribed her 5 mg of amphetamine salts (Adderall), quantity 60. Petitioner explained that she had been taking a number of CME courses, but she had informed Dr. Reed that she had difficulty focusing. At the time, she did not ask what Dr. Reed had prescribed. However, when her husband picked up the prescription, petitioner saw that it was Adderall. She did not want to take Adderall so immediately threw away the prescription. She had complete trust in Dr. Reed, so she had not questioned Dr. Reed about the prescription. Her contract with PAG required her to disclose any controlled substances prior to use.

13. Petitioner admitted that she failed to check-in for the First Source drug testing on several occasions. However, she was not required to test on any day of the failed check-in. She said her failure to check-in was inadvertent, as she always set an

alarm in the morning, but would sometimes become distracted. She learned from her mistakes and understands that failing to check-in while on board probation is a violation. She will comply with any requirements imposed by the board if her license is reinstated, including a restriction on prescribing certain controlled substances. As a PA in occupational health, she does not believe she will ever need to prescribe benzodiazepines or lower scheduled drugs. However, certain muscle relaxants are frequently prescribed for occupational injuries, so she requested that a total restriction not be imposed.

### **Testimony of Duane Rogers, Psy.D., LMFT**

14. Dr. Rogers's testimony and letter of support are summarized as follows: Dr. Rogers is an addiction specialist and is a licensed marriage and family therapist with the Board of Behavioral Sciences. Beginning in 1982, he began working as a group facilitator for the diversion programs of various health professional licensing boards, including the Medical Board of California (Medical Board). After the Medical Board's diversion program ended in 2008, he continued to monitor participants for the Medical Board and is currently contracted with Maximus, which operates the diversion programs for six other boards. Dr. Rogers also provides monitoring for PAG for self-referred participants. Dr. Rogers has monitored 628 participants since 1982.

15. Petitioner was first referred to Dr. Rogers's group in February 2016 as part of the board's diversion program operated by Maximus. She participated in his group until June 2016, when she dropped out of the program. After petitioner surrendered her license in August 2017, petitioner contacted Dr. Rogers and requested to begin formal monitoring through PAG. On September 25, 2017, Dr. Rogers completed an intake session and petitioner signed a five-year monitoring contract that included attendance twice per week for the first two years, then weekly, at a

recovering professionals' monitoring group, random and observed urine testing two to three times per month through First Source Solutions, attendance at AA or Narcotics Anonymous (NA) meetings, obtaining a 12-step sponsor, therapy with Ms. Phelps, and psychiatric consultation with Dr. Reed as needed.

16. Dr. Rogers has personally monitored petitioner in the program since September 2017. She has actively participated in all group meetings. Even after petitioner moved to Upland, she continued to drive down to San Diego to participate in the group meetings facilitated by Dr. Rogers and now participates virtually due to COVID. Dr. Rogers verified her attendance at AA/NA meetings, which she attended approximately three to four times per week. Dr. Rogers maintained contact with Ms. Phelps, petitioner's therapist, to ensure she was making progress and actively participating. Petitioner has never had a positive drug test or missed a required drug test.

17. Dr. Rogers has observed petitioner's transformation during the past four years. Working as a PA was a major part of petitioner's identity, and the loss of her license as noted above was her "bottoming out." She has since embarked on the process of rebuilding her life. He believes she is in a much stronger place than she was when she started with PAG. Dr. Rogers disagreed with the previous diagnoses of bipolar disorder and has not observed any indications that petitioner has this condition. Petitioner is extremely remorseful for her misconduct, and Dr. Rogers believes she is prepared and capable of returning to practice as a PA. If her license is reinstated, he would recommend similar monitoring and drug testing used by PAG.

18. The contract with PAG requires participants to notify Dr. Rogers whenever they receive a prescription medication. In February 2021, petitioner had foot surgery and was prescribed 30 pills of Percocet, a narcotic opioid. Petitioner reported

to him each of the doses she took. Dr. Rogers does not have any concerns about her use of this narcotic. Dr. Rogers believed that the foot surgery was quite painful and had no concerns that she was prescribed an opioid.

19. In the summer of 2019, petitioner's primary care provider prescribed her 10 pills of Valium for anxiety involving a flight she was taking. Petitioner reported to Dr. Rogers that she had taken five pills, was ashamed about having done so, described it as a relapse, and was very remorseful. However, Dr. Rogers did not believe this was a relapse or problematic because she was prescribed the medication that allowed her to fly without having a panic attack. Dr. Rogers noted the limited dose petitioner was prescribed and that she did not take the entire prescription. Under the circumstances, he believed the prescription was appropriate, and her initial interpretation that she had relapsed was an overreaction. On cross-examination, Dr. Rogers admitted that petitioner only notified him after she had taken the medication, and not before as required under the PAG contract. The random drug testing did not reveal that she had been positive for benzodiazepines, but this is not unreasonable considering the half-life of the medication and that she was only being tested on average once every two weeks.

20. Also on cross-examination, Dr. Rogers admitted that petitioner's participation in PAG was not without some additional issues. In the records provided to the board, he did not document that petitioner had been prescribed Adderall. He had no independent recollection of this, and it is possible that petitioner did not report the prescription prior to filling it, which is required under the contract. Throughout the monitoring period, Dr. Rogers's records indicated petitioner had at least a dozen missed check-ins with First Source from 2018 through 2021; however, she was never required to test on the check-in dates. Dr. Rogers testified that

"recovery is not perfect, and neither is compliance" with the program. Dr. Rogers worked with petitioner in an attempt to develop a plan for better remembering to check-in. Petitioner has also missed several group meetings. Despite these compliance issues, Dr. Rogers believes petitioner would be a good candidate for the board's probation program and that she is safe to resume practice as a PA.

### **Testimony of Minh Nguyen, D.O.**

21. Minh Nguyen, D.O., testified at hearing and submitted a letter. His testimony and letter are summarized as follows: Dr. Nguyen is currently the Chief Medical Officer of Agile Occupational Medicine. He was previously vice president (VP) for medical operation at Concentra, and VP of medical operations at US Healthworks, before it was acquired by Concentra. At US Healthworks, he was responsible for overseeing 100 clinics and approximately 350 clinicians. He first met petitioner in 2010, when she was hired to work at US Healthworks' clinic in San Diego. Until 2012, Dr. Nguyen was her supervising physician, and the two worked together daily. Petitioner was an outstanding PA, had good rapport with patients, and provided outstanding medical care. In 2011, Dr. Nguyen nominated her for PA of the year, which petitioner received. In 2012, petitioner transferred to the clinic in Escondido, which was closer to her home. However, Dr. Nguyen continued to indirectly supervise petitioner after he became the regional medical director, responsible for 56 clinics. However, he did not have direct interaction with her after 2012.

22. Dr. Nguyen is aware of petitioner's addiction to Xanax and the reason for her departure in 2016. Since leaving US Healthworks, the two have maintained contact. Dr. Nguyen supports petitioner's return to being a PA and would consider hiring her if she is licensed based on his extremely positive evaluation of her prior performance and the steps she has taken to deal with her addiction.



## **Letters by Treating Professionals**

23. Petitioner submitted a letter from Elise A. Reed, D.O., dated March 13, 2020, who began treating petitioner two to three times per month in July 2019. Dr. Reed wrote that she has been in practice for 22 years, and from a psychiatric standpoint, petitioner is one of the most well-balanced individuals she has seen in a long time. Dr. Reed believes that petitioner's previous erratic behavior was solely attributed to her addiction to Xanax. Petitioner is filled with a great deal of remorse, shame, and guilt for what she had done. Dr. Reed outlined petitioner's psychiatric history, noting that she had only used benzodiazepines as an adolescent on two occasions for flying and not again until 2013, at age 36. Dr. Reed was aware that petitioner received a prescription for Valium in 2019 in anticipation for a flight. She only used 6 of the 10 pills and discarded the remainder. Petitioner has since been able to fly without medication. Dr. Reed believes that petitioner has recovered from her addiction to Xanax and she no longer poses a danger to the public.

24. Petitioner submitted a letter from Kathleen Phelps, LCSW, dated March 3, 2020. Ms. Phelps began seeing petitioner in June 2017, and has seen her once or twice per month since. Ms. Phelps supports reinstatement of petitioner's license based on her participation in therapy and with the requirements of PAG.

25. Petitioner submitted a one sentence letter by Richard Smith, Ph.D., indicating he began seeing petitioner for weekly sessions on November 3, 2021.

## **Substance Abuse Diagnostic Evaluation**

26. Petitioner submitted an evaluation by Clark Smith, M.D., dated March 19, 2020, that was received as "administrative hearsay" under Government Code section 11513, subdivision (d). However, because Dr. Smith's conclusions were not subject to

cross-examination, no curriculum vitae was submitted outlining his qualifications, he did not review any of petitioner's medical records or records from PAG, and his conclusion was devoid of any analysis or explanation, his report was given no weight and not considered.

### **Additional Reference Letters**

27. Petitioner submitted reference letters from Teri De Shon, petitioner's mother; Randy Wolf, DDS, a participant with petitioner at PAG group meetings; Sarah Jackson, BSN, RN, who has been friends with petitioner for 16 years; Jeffrey Pearson, D.O., who was petitioner's physician and petitioner volunteered as a medical assistant in his office; Cindy P., who has been petitioner's AA sponsor since 2018; Alex Maitre, who has known petitioner since 2004; and Thomas Heywood, M.D., who supervised petitioner in 2007 at the Scripps Clinic Heart Failure Recovery and Research Program. Those who have been involved in petitioner's recovery praised her work and dedication and corroborated her testimony. All of the writers praised petitioner's character.

### **Additional Documentation**

28. A First Source testing report prepared for Dr. Rogers showed that petitioner had negative drug tests beginning in October 2017 through March 2020, when the report ended. The report showed petitioner was tested one or two times per month.

29. Petitioner submitted an order showing her conviction for driving under the influence was dismissed pursuant to Penal Code section 1203.4 on May 25, 2018.

30. Petitioner submitted CME reports showing she completed approximately 500 CME hours from February through December 2021. She also submitted reports from 2017 through 2020, but they were incomplete and the number of hours could not be discerned.

## LEGAL CONCLUSIONS

1. In a proceeding for the restoration of a revoked license, the burden at all times rests on petitioner to prove that she has rehabilitated herself and that she is entitled to have her license restored. (*Flanzer v. Bd. of Dental Examiners* (1990) 220 Cal.App.3d 1392, 1398.) A person seeking reinstatement of a revoked license must present strong proof of rehabilitation, and the showing must be sufficient to overcome the former adverse determination. (*Housman v. Bd. of Medical Examiners* (1948) 84 Cal.App.2d, 308, 315-316.)

2. Business and Professions Codes section 3530 authorizes a person whose license has been revoked to petition for reinstatement after three years. The board may consider:

all activities of petitioner since the disciplinary action was taken, the offense for which petitioner was disciplined, petitioner's activities during the time the license was in good standing, and petitioner's rehabilitative efforts, general reputation for truth, and professional ability. (*Id.* at subd. (d).)

3. The board's rehabilitation criteria applicable to petitions for reinstatement are contained in California Code of Regulations, title 16, section

1399.526. However, the rehabilitation criteria solely related to individuals who have been convicted of a crime and include the nature and gravity of the offense; length of probation or parole; and the modification of any period and terms of probation or parole.

4. Under California Code of Regulations, title 16, section 1399.523, in reaching a decision on disciplinary actions, the board must consider the disciplinary guidelines entitled "Physician Assistant Board Manual of Model Disciplinary Guidelines and Model Disciplinary Orders" (Fourth Edition 2016). If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation. (*Id.* at subd. (c).) Furthermore:

(1) Each of the "Conditions Applying the Uniform Standards," as set forth in the model disciplinary orders, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

(2) The Substance Abuse Coordination Committee's Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011) (Uniform Standards), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.

5. Petitioner argues that she presented sufficient evidence of sustained rehabilitation justifying reinstatement of her license with conditions. The Attorney

General opposes reinstatement, arguing that given the seriousness of the misconduct, petitioner has not sufficiently demonstrated she has been rehabilitated, especially in light of her compliance issues in the PAG program.

6. Petitioner presented clear and convincing evidence that she has been rehabilitated to such an extent that it would not be contrary to the public health, safety and welfare to reinstate her license with appropriate conditions. Petitioner's misconduct was egregious. Over a two to three-year period, petitioner diverted alprazolam by writing multiple fraudulent prescriptions and abused the drug to such an extent that it caused significant impairment. Ultimately, it led to her blacking out while driving, for which she suffered a DUI conviction. Although petitioner entered two rehabilitation programs, she withdrew from the board's diversion program within months and underwent multiple psychiatric hospitalizations.

After surrendering her license in August 2017, petitioner re-entered the PAG program. It was established that she has been substantively compliant with the program's requirements. She has attended group meetings, AA/NA meetings, psychotherapy, psychiatric treatment, and underwent random drug testing. Although she has had multiple missed check-ins, she has not missed a required test and has not had any positive drug screens. Her very limited use of lorazepam in 2019 was the result of a prescription for a legitimate medical use, although petitioner now recognizes that the decision to again take a benzodiazepine was ill-advised.

Notwithstanding, petitioner demonstrated a clear understanding of her errors in judgment and engaged in meaningful introspection to understand the causes for her actions. While her participation in PAG was not without some issues, petitioner appears to understand, and is able to commit to, the board's strict requirements of compliance with probation. She has a strong support network of family, her NA

sponsor, and mental health professionals. Except for diverting controlled substances for her own use, the quality of her work as a PA had not been questioned. In fact, it appears she was highly regarded by her employer. Under these circumstances, the public will be sufficiently protected by reinstating the license with conditions of probation. Such conditions will include the Uniform Standards Related to Substance Abusing Licensees, a total restriction on prescribing of controlled substances for the first year of probation, maintenance of controlled substance records for the remaining years of probation, an education course, an ethics course, and a psychological evaluation. Additionally, because it will have been six years since petitioner practiced as a PA, she will be required to undergo a clinical training program as a condition precedent to the issuance of a license.

## **ORDER**

The application of petitioner Larissa Poles for reinstatement of a physician assistant license is hereby granted and a license shall be issued upon the following condition precedent: completion of a clinical training program within one year of the effective date of this decision.

Upon completion of the condition precedent above, petitioner shall be issued a license. However, the license shall be immediately revoked, the revocation shall be stayed, and petitioner shall be placed on probation for a period of five years under the following terms and conditions:

### **1. Clinical Training Program - Condition Precedent**

Within one year of the effective date of this decision, petitioner shall submit to the board or its designee for prior approval, a clinical training or educational program

such as the Physician Assessment and Clinical Education Program (PACE) offered by the University of California – San Diego School of Medicine or equivalent program as approved by the board or its designee. The exact number of hours and specific content of the program shall be determined by the board or its designee. The program shall determine whether petitioner has successfully completed and passed the program.

Petitioner shall pay the cost of the program.

If the program makes recommendations for the scope and length of any additional educational or clinical training, treatment for any medical or psychological condition, or anything else affecting petitioner's practice as a physician assistant, petitioner shall comply with the program recommendations and pay all associated costs.

Petitioner shall successfully complete and pass the program not later than six months after petitioner's initial enrollment. The program determines whether or not the petitioner successfully completes the program.

If petitioner fails to either 1) complete the program within the designated time period, or 2) to pass the program, as determined by the program, petitioner shall cease practicing as a physician assistant immediately after being notified by the board or its designee.

Petitioner shall not be issued a license to practice as a physician assistant until she has successfully completed and passed the program, as determined by the program, and has been so notified by the board or its designee in writing, except that petitioner may practice only in the program.

## **2. Controlled Drugs – Drug Order Authority**

For the first year of probation, petitioner shall not administer, issue a drug order, or hand to a patient or possess any controlled substances as defined by the California Uniform Controlled Substances Act.

Petitioner is prohibited from practicing as a physician assistant until petitioner provides documentary proof to the board or its designee that petitioner's DEA permit has been surrendered to the Drug Enforcement Administration for cancellation. Petitioner shall surrender all controlled substance order forms to the supervising physician. Thereafter, petitioner shall not reapply for a new DEA permit without the prior written consent of the board or its designee.

## **3. Controlled Drugs - Maintain Record**

Petitioner shall maintain a record of all controlled substances administered, transmitted orally or in writing on a patient's record or handed to a patient by petitioner during probation showing all the following: 1) the name and address of the patient, 2) the date, 3) the character and quantity of controlled substances involved, and 4) the indications and diagnosis for which the controlled substance was furnished, and 5) the name of the supervising physician prescriber.

Petitioner shall keep these records at the worksite in a separate file or ledger, in chronological order, and shall make them available for immediate inspection and copying by the board or its designee on the premises at all times during business hours, upon request and without charge.

The supervising physician shall review, sign, and date the controlled substances record weekly, unless otherwise determined by the board or its designee.



**4. Education Course**

Within 60 days of the issuance of a license, petitioner shall submit to the board or its designee for its prior approval an educational program or course from an accredited program which shall consist of Category 1 CME hours, the number of which to be determined by the board or its designee. The education course shall be aimed at correcting any areas of deficient practice or knowledge. The course shall be Category I certified, limited to classroom, conference, or seminar settings. Petitioner shall successfully complete the course within the first year of probation.

Petitioner shall pay the cost of the course.

Petitioner shall submit a certification of successful completion to the board or its designee within 15 days after completing the course.

**5. Ethics Course**

Within 60 days of the issuance of a license, petitioner shall submit to the board or its designee for its prior approval a course in ethics. The course shall be limited to classroom, conference, or seminar settings. Petitioner shall successfully complete the course within the first year of probation.

Petitioner shall pay the cost of the course.

Petitioner shall submit a certification of successful completion to the board or its designee within 15 days after completing the course.

**6. Psychological Evaluation/Treatment**

Within 60 days of the issuance of a license, and on a periodic basis thereafter as may be required by the board or its designee, petitioner shall undergo a psychological

evaluation by a board appointed psychological evaluator who shall furnish a psychological report and recommendations to the board or its designee.

Following the evaluation, petitioner shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after notification by the board or its designee.

Petitioner may, based on the evaluator's report and recommendations, be required by the board or its designee to undergo psychological treatment. Upon notification, petitioner shall within 30 days submit for prior approval the name and qualifications of a psychological practitioner of petitioner's choice. Upon approval of the treating psychological practitioner, petitioner shall undergo and continue psychological treatment until further notice from the board or its designee. Petitioner shall have the treating psychological practitioner submit quarterly status reports to the board or its designee indicating whether petitioner is capable of practicing medicine safely.

Petitioner shall pay the cost of all psychological evaluations and treatment.

If the evaluator or treating practitioner determines that petitioner is a danger to the public, upon notification, petitioner shall immediately cease practicing as a physician assistant until notified in writing by the board or its designee that petitioner may resume practice.

#### **7. Clinical Diagnostic Evaluation (CDE)**

Within 30 days from the effective date of the Decision and Order and thereafter as required by the board, petitioner shall undergo a CDE from a licensed practitioner who holds a valid, unrestricted license to conduct CDEs, has three years' experience in

providing evaluations of health care professionals with substance abuse disorders, and is approved by the board. The evaluations shall be conducted in accordance with accepted professional standards for conducting a substance abuse CDE.

Petitioner shall undergo a CDE to determine whether petitioner has a substance abuse problem and whether petitioner is a threat to himself or herself or others. The evaluator shall make recommendations for substance abuse treatment, practice restrictions, or other recommendations related to petitioner's rehabilitation and safe practice.

Petitioner shall not be evaluated by an evaluator that has a financial, personal, or business relationship with petitioner within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

During the evaluation, if petitioner is determined to be a threat to himself or herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

Petitioner may return to either full-time or part-time work if the board determines he or she is fit to do so based upon consideration of the CDE report and the following criteria:

- License type;
- Licensee's history;

- Documented length of sobriety/time that has elapsed since last substance use;
- Scope and pattern of use;
- Treatment history;
- Medical history and current medical condition;
- Nature, duration and severity of substance abuse; and,
- Whether the licensee is a threat to himself or herself or others.

The board shall determine whether or not petitioner is safe to return to full-time or part-time work, and what restrictions shall be imposed on petitioner. However, petitioner shall not return to practice until he or she has thirty days of negative drug tests.

If petitioner is required to participate in inpatient, outpatient, or any other type of treatment, the board shall take into consideration the recommendation of the CDE, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others.

In the event that any Condition Applying the Uniform Standards requires interpretation or clarification, the Uniform Standards shall be controlling.

#### **8. Abstain from the Use of Alcohol**

Petitioner shall abstain completely from the use of alcoholic beverages.

**9. Abstain from the Use of Controlled Substances and Dangerous Drugs**

Petitioner shall abstain completely from personal use, possession, injection, consumption by any route, including inhalation of all controlled substances as defined in the California Uniform, Controlled Substances Act. This prohibition does not apply to medications lawfully prescribed to petitioner for a bona fide illness or condition by a practitioner licensed to prescribe such medications. Within 15 calendar days of receiving any lawful prescription medications, petitioner shall notify the recovery program in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number. Petitioner shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Petitioner shall provide the probation monitor with a signed and dated medical release covering the entire probation period.

Petitioner shall identify for the board's approval a single coordinating physician and surgeon who shall be aware of petitioner's history of substance abuse and who will coordinate and monitor any prescriptions for petitioner for dangerous drugs, and controlled substances. Once a board-approved physician and surgeon has been identified, petitioner shall provide a copy of the Accusation, Stipulated Decision and Order, and this Decision and Order to the physician and surgeon. The coordinating physician and surgeon shall report to the board or its designee on a quarterly basis petitioner's compliance with this condition.

The board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If petitioner has a positive drug screen for any substance not legally authorized, petitioner shall be contacted and instructed to leave work and ordered by the board to cease any practice and may not practice unless and until notified by the board. The board will notify petitioner's employer, if any, and worksite monitor, if any, that petitioner may not practice. If the board files a petition to revoke probation or an accusation based upon the positive drug screen, petitioner shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

**10. Drug and Alcohol Recovery Monitoring Program**

Within 15 calendar days from the issuance of a license, petitioner shall enroll, participate in, and successfully complete the board's drug and alcohol recovery monitoring program at petitioner's cost until the drug and alcohol recovery monitoring program determines that participation in the drug and alcohol recovery monitoring program is no longer necessary.

Petitioner shall comply with all components of the drug and alcohol recovery monitoring program. Petitioner shall sign a release authorizing the drug and alcohol recovery monitoring program to report all aspects of participation of the drug and alcohol recovery monitoring program as requested by the board or its designee.

Failure to comply with requirements of the drug and alcohol recovery monitoring program, terminating the program without permission or being expelled for cause shall constitute a violation of probation by petitioner and shall be immediately suspended from the practice as a physician assistant. Probation shall be automatically extended until petitioner successfully completes the program.

## 11. **Biological Fluid Testing**

Petitioner shall immediately submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the board or its designee.

Petitioner shall be subject to a minimum of 52 random tests per year within the first year of probation and a minimum of 36 random tests per year, for the duration of the probationary term up to five years and a minimum of one test per month in each year of probation after the fifth year provided that there have been no positive test results during the previous five years.

The board or its designee may require less frequent testing if any of the following applies:

- Where petitioner has previously participated in a treatment or monitoring program requiring testing, the board or its designee may consider that prior testing record in applying the testing frequency schedule described above;
- Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven years apart, that did not occur at work or on the way to or from work, the board or its designee may skip the first-year testing frequency requirement(s) of a minimum of 52 random tests per year and participate in the second year of testing frequency requirement of a minimum of 36 random tests per year;
- Where petitioner is not employed in any health care field, frequency of testing may be reduced to a minimum of 12 tests per year. If petitioner

wishes to thereafter return to employment in a health care field, petitioner shall be required to test at least once a week for a period of 60 days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before petitioner may be reduced to a testing frequency of no less than 24 tests per year;

- Where petitioner has a demonstrated period of sobriety and/or non-use, the board or its designee may reduce the testing frequency to no less than 24 tests per year.

Petitioner shall make daily contact as directed by the board to determine if he or she must submit to drug testing. Petitioner shall have the test performed by a board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he or she is notified that a test is required. This shall ensure that the test results are sent immediately to the board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitute a violation of probation. If the test results in a determination that the urine was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If a positive result is obtained, the board may require petitioner to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to suspend petitioner's license to practice. Any such examination or laboratory and testing costs shall be paid by petitioner. If it is determined petitioner altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and petitioner must cease practicing. Petitioner shall not resume practice until notified by the board. If petitioner tests positive for a banned substance,



petitioner shall be contacted and instructed to leave work and ordered to cease all practice. Petitioner shall not resume practice until notified by the board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the board prior to the vacation or travel.

## **12. Facilitated Group Support Meetings**

Within 15 days from the effective date of the decision, petitioner shall submit to the board or its designee for prior approval the name of one or more meeting facilitators. Petitioner shall participate in facilitated group support meetings within 15 days after notification of the board's or designee's approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the board or its designee shall give consideration to the following:

- The licensee's history;
- The documented length of sobriety/time that has elapsed since substance abuse;
- The recommendation of the clinical evaluator;
- The scope and pattern of use;
- The licensee's treatment history; and;
- The nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by petitioner with each quarterly report. Petitioner shall continue attendance in such a group for the

duration of probation unless notified by the board that attendance is no longer required.

If a facilitated group support meeting is ordered, the group facilitator shall meet the following qualifications and requirements:

- The group meeting facilitator shall have a minimum of three years' experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
- The group meeting facilitator shall not have a financial relationship, personal relationship, or business relationship with the licensee in the last one year.
- The group facilitator shall provide to the board or its designee a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
- The group meeting facilitator shall report any unexcused absence to the board or its designee within 24 hours.

### 13. **Work Site Monitor**

Petitioner shall have a worksite monitor as required by this term. The worksite monitor shall not have any current or former financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer or supervising physician to serve as the worksite monitor, this requirement may be waived by the

board. However, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

The worksite monitor's license scope of practice shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available.

The worksite monitor shall have an active unrestricted license, with no disciplinary action within the last five years. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by the board.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

a) Have face-to-face contact with the licensee at least once per week in the work environment or more frequently if required by the board.

b) Interview other staff in the office regarding the licensee's behavior, if applicable.

c) Review the licensee's work attendance.

The worksite monitor shall report to the board as follows:

Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor; staff interviewed if applicable; attendance report; any change in behavior and/or personal habits; any indicators leading to suspected substance abuse. The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor. If petitioner tests positive for a banned substance, the board will immediately notify petitioner's employer that petitioner's license has been ordered to cease practice.

#### **14. Major Violations**

This provision applies if the licensee commits a violation of the drug and alcohol recovery monitoring program or any other condition applying the uniform standards specific to controlled substance.

If petitioner commits a major violation, petitioner shall immediately upon notification by the board, cease practice until notified otherwise in writing by the board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required CDE;
3. Committing multiple minor violations of probation conditions;
4. Treating a patient while under the influence of drugs or alcohol;

5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code or state or federal law;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive for a banned substance; and
8. Knowingly using, making, altering, or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

**15. Approval of Supervising Physician**

Within 30 days of the issuance of a license, petitioner shall submit to the board or its designee for its prior approval the name and license number of the supervising physician and a practice plan detailing the nature and frequency of supervision to be provided. Petitioner shall not practice until the supervising physician and practice plan are approved by the board or its designee.

Petitioner shall have the supervising physician submit quarterly reports to the board or its designee.

If the supervising physician resigns or is no longer available, petitioner shall, within 15 days, submit the name and license number of a new supervising physician for approval. Petitioner shall not practice until a new supervising physician has been approved by the board or its designee.

**16. Notification of Employer and Supervising Physician**

Petitioner shall notify her current and any subsequent employer and supervising physician(s) of the discipline and provide a copy of the accusation, decision, and order

to each employer and supervising physician(s) during her period of probation, before accepting or continuing employment. Petitioner shall ensure that each employer informs the board or its designee, in writing within 30 days, verifying that the employer and supervising physician(s) have received a copy of Accusation, Decision, and Order.

This condition shall apply to any change(s) in place of employment.

Petitioner shall provide to the board or its designee the names, physical addresses, mailing addresses, and telephone numbers of all employers, supervising physicians, and work site monitor, and shall inform the board or its designee in writing of the facility or facilities at which the person practices as a physician assistant.

Petitioner shall give specific, written consent to the board or its designee to allow the board or its designee to communicate with the employer, supervising physician, or work site monitor regarding the licensee's work status, performance, and monitoring.

**17. Obey All Laws**

Petitioner shall obey all federal, state, and local laws, and all rules governing the practice of medicine as a physician assistant in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

**18. Quarterly Reports**

Petitioner shall submit quarterly declarations under penalty of perjury on forms provided by the board or its designee, stating whether there has been compliance with all the conditions of probation.

**19. Other Probation Requirements**

Petitioner shall comply with the board's probation unit. Petitioner shall, at all times, keep the board and probation unit informed of petitioner's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the board and probation unit. Under no circumstances shall a post office box serve as an address of record, except as allowed by California Code of Regulations 1399.511.

Petitioner shall appear in person for an initial probation interview with board or its designee within 90 days of the decision. Petitioner shall attend the initial interview at a time and place determined by the board or its designee. Petitioner shall, at all times, maintain a current and renewed physician assistant license.

Petitioner shall also immediately inform the probation unit, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 days.

**20. Interview with Medical Consultant**

Petitioner shall appear in person for interviews with the board's medical or expert physician assistant consultant upon request at various intervals and with reasonable notice.

**21. Non-practice While on Probation**

Petitioner shall notify the board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days. Non-practice is defined as any period of time exceeding 30 calendar days in which petitioner is not

practicing as a physician assistant. Petitioner shall not return to practice until the supervising physician is approved by the board or its designee.

If, during probation, petitioner moves out of the jurisdiction of California to reside or practice elsewhere, including federal facilities, petitioner is required to immediately notify the board in writing of the date of departure, and the date of return, if any.

Practicing as a physician assistant in another state of the United States or federal jurisdiction while on active probation with the physician assistant licensing authority of that state or jurisdiction shall not be considered non-practice.

All time spent in a clinical training program that has been approved by the board or its designee, shall not be considered non-practice. Non-practice due to a board ordered suspension or in compliance with any other condition or probation, shall not be considered a period of nonpractice.

Any period of non-practice, as defined in this condition, will not apply to the reduction of the probationary term. Periods of non-practice do not relieve petitioner of the responsibility to comply with the terms and conditions of probation.

It shall be considered a violation of probation if for a total of two years, petitioner fails to practice as a physician assistant. Petitioner shall not be considered in violation for non-practice as long as petitioner is residing and practicing as a physician assistant in another state of the United States and is on active probation with the physician assistant licensing authority of that state, in which case the two-year period shall begin on the date probation is completed or terminated in that state.

## **22. Unannounced Clinical Site Visit**



The board or its designee may make unannounced clinical site visits at any time to ensure that petitioner is complying with all terms and conditions of probation.

**23. Condition Fulfillment**

A course, evaluation, or treatment completed after the acts that gave rise to the charges in the Accusation but prior to the effective date of the Decision may, in the sole discretion of the board or its designee, be accepted towards the fulfillment of the condition.

**24. Completion of Probation**

Petitioner shall comply with all financial obligations (e.g., cost recovery, probation costs) no later than 60 calendar days prior to the completion of probation. Upon successful completion of probation, petitioner's license will be fully restored.

**25. Violation of Probation**

If petitioner violates probation in any respect, the board after giving petitioner notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against petitioner during probation, the board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

**26. Cost Recovery**

Petitioner is hereby ordered to reimburse the board the amount of \$9,739.50, if not already paid, within 90 days from the issuance of a license for its investigative and enforcement costs. Failure to reimburse the board costs for its investigation shall

constitute a violation of the probation order, unless the board agrees in writing to payment by an installment plan because of financial hardship. The filing of bankruptcy by petitioner shall not relieve petitioner of her responsibility to reimburse the board for its investigative costs.

**27. Probation Monitoring Costs**


Petitioner shall pay the costs associated with probation monitoring each and every year of probation, as designated by the board, which may be adjusted on an annual basis. The costs shall be made payable to the board and delivered to the board no later than January 31 of each calendar year.

**28. Voluntary License Surrender**

Following the effective date of this probation, if petitioner ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, petitioner may request, in writing, the voluntary surrender of petitioner's license to the board. Petitioner's written request to surrender her license shall include the following: her name, license number, case number, address of record, and an explanation of the reason(s) why petitioner seeks to surrender her license. The board reserves the right to evaluate petitioner's request and to exercise its discretion whether to grant the request or to take any other action deemed appropriate and reasonable under the circumstances. Petitioner shall not be relieved of the requirements of her probation unless the board or its designee notifies petitioner in writing that petitioner's request to surrender her license has been accepted. Upon formal acceptance of the surrender, petitioner shall, within 15 days, deliver petitioner's wallet and wall certificate to the board or its designee and shall no longer practice as a physician assistant. Petitioner will no longer be subject to the terms and conditions of

probation and the surrender of petitioner's license shall be deemed disciplinary action. If petitioner re-applies for a physician assistant license, the application shall be treated as a petition for reinstatement of a revoked license.

DATE: January 7, 2022

  
Adam Berg (Jan 7, 2022 12:29 PST)

ADAM L. BERG

Administrative Law Judge

Office of Administrative Hearings